

COUNTY BOROUGH OF STOCKPORT



EDUCATION COMMITTEE

ANNUAL REPORT  
on the  
SCHOOL HEALTH SERVICE  
for the  
YEAR ENDED 31st DECEMBER, 1962

By  
A. R. M. MOIR, M.D., Ch.B., D.P.H.,  
Principal School Medical Officer

(54th of the Series)



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**STOCKPORT EDUCATION COMMITTEE**  
at 31st December, 1962

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*Vice-Chairman* : Councillor Mrs. M. Tylecote, B.A., Ph.D.

Aldermen W. Durr, T. C. Edwards, W. R. Fox, J.P., Mrs. C. S. Grant, T.J.V. Parry, M.P.S., F.B.O.A. (Hons), Mrs. M. White.

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Canon Wilfrid Garlick, B.Sc., Rev. J. Murphy, Messrs. H. H. Bennett, D. L. Dixon, Professor F. Fairbrother, D.Sc., F.R.I.C., W. Garside, R. Heys, E. Hope, J.S. Southworth, Rev. J. Yielder, F.Ph.S., Mrs. J.E. Parkinson, Miss M. Orchardson, J.P.

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Mr. W. Garside, Miss M. Orchardson, J.P.

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**DIRECTOR OF EDUCATION**

E. Gwyn Thomas, B.A., Ph.D.

**STAFF OF THE SCHOOL HEALTH SERVICE***Principal School Medical Officer*

A. R. M. Moir, M.D., Ch.B., D.P.H.

*Deputy Principal School Medical Officer*

G. T. Pollock, M.B., Ch.B., D.P.H.

*School Medical Officer*

Hilary J. Crewe, M.B., Ch.B.

Stella M. Jones, B.A. M.B., B.Ch., B.A.O.

Jean M. Halliwell, M.B., Ch.B., M.R.C.S., L.R.C.P., D.R.C.O.G., D.C.H.

*Consultant Ophthalmic Surgeon*

S. H. Faulkner, M.D., M.B., B.Ch., B.A.O., M.R.C.P.(I), D.O.M.S.

*Consultant Aural Surgeon*

K. Harrison, M.B., Ch.B., F.R.C.S., D.L.O.

*Ophthalmic Surgeon*

A. K. Mitra, M.B. (Calcutta), D.G.O. (Dublin), D.O.

D. Simmons, M.B., Ch.B.

*Aural Surgeon*

H. S. Paranjoti, M.B., B.S.

*Consultant Child Psychiatrist*

J. Erulkar, M.B., B.S., M.R.C.P., D.P.M., D.C.H.

*Psychiatric Social Worker (Part-time)*

Mrs. C. Garrety, B.Sc. (Econ.), A.A.P.S.W.

*Chief Dental Officer*

Freda Sellars, L.D.S.

*Part Time Dental Officers*

F. M. Mears, L.D.S., R.F.P.S.

H. Vernon

R. Berman

V. Worrall. (Resigned 9th March, 1962)

P. Herridge. (Commenced 17th January, 1962)

*Educational Psychologist*

Miss E. M. Rodwell, B.A., B.Ed.

*Speech Therapist*

Miss D. E. Lees, L.C.S.T.

*Orthoptist*

Mrs. E. E. Benington, D.B.O.

*Chiropodists*

Mr. J.F. Green, F.Ch.S.

Mrs. J. Rogers, L.Ch.

Mr. F. A. Dignan (Left 31st August, 1962)

Mr. H. M. Pendleton (Appointed 1st October, 1962)

*Superintendent of School Nurses*

Miss S.C. Griffiths, S.R.N., S.C.M., H.V.Cert.

*School Nurses*

Mrs. Turner, S.R.N.

Mrs. Stevenson, S.R.N.

Mrs. Faulkner, S.R.N.

Mrs. Murray, S.R.N.

*Senior Clerk*

Mr. T. Lewis

*Clerical Staff*

Miss Moult

Miss Rimmer

Miss McEwan

Miss Eckersley (Resigned 7th March, 1962)

Miss Heywood

Mrs. Griffin (Commenced 2nd April, 1962)

Mrs. Hamilton (Dental Clerk/Attendant)

Miss Babbage (Resigned 24th August, 1962)

Mrs. Armstrong (Commenced 17th September, 1962)

Mrs. M. Calvert (Part-time Dental)

Mrs. E. Bennett (Part-time Dental)

## SUMMARY OF WORK

		1961	1962
A.	Medical Officers at Maintained Primary and Secondary Schools :-		
	Periodic Inspections at Primary Schools . .	6,417	5,669
	Special " " "	30	9
	Re-Inspection at Primary Schools "	4,323	4,763
	Periodic Inspections at Secondary Schools . .	2,885	2,651
	Special " " "	33	---
	Re-Inspections at Secondary Schools "	1,820	1,593
B.	Medical Officers at Clinics :-		
	Inspections at Clinics . .	4,293	3,820
	Re-Inspections at Clinics . .	4,462	4,433
	Inspections under Employment of Children Byelaws . .	352	438
	Entertainments Certificates issued . .	---	---
C.	Dental Officers :-		
	Periodic Inspections at Primary Schools . .	11,773	12,368
	Periodic Inspections at Secondary Schools . .	7,171	5,809
	Special Inspections at Schools and Clinics . .	1,605	1,386
	Attendances for Treatment . .	10,121	10,361
D.	School Nurses' Visits, etc :-		
	Visits to Schools . . .	841	801
	Examinations in Schools (including cleanliness inspections) . . .	67,232	76,124
	Visits to Homes . . .	742	788

## COUNTY BOROUGH OF STOCKPORT

## General Information

		1961	1962
Population . . . . .		142,469	142,469
Primary Schools -			
Number of Schools . . . . .		36	36
Number of Departments . . . . .		52	52
Number on Rolls . . . . .		13,407	13,339
Schools for Secondary Education -			
Girls . . . . .		4	4
Boys . . . . .		3	3
Mixed . . . . .		8	8
Number on Rolls . . . . .		8,759	7,938
Number of Nursery Schools . . . . .		5	5
Number on Rolls . . . . .		260	264
Special Schools -			
Longfield Open Air School Number on Roll . . . . .		90	90
Taxal Lodge Residential School for Educationally Subnormal Pupils Number on Roll . . . . .		45	45
Woodlands Special Day School for Educationally Subnormal Pupils Number on Roll . . . . .		100	100
Cost of School Health Service -		1960/61	1961/62
Total Cost (Net) . . . . .		£30,618	£35,687
Government Grant . . . . .		NIL	NIL
Cost to Rates . . . . .		£30,618**	£35,687
Product of a Penny Rate . . . . .		£ 6,740.7	£ 6,894.537
Cost in Terms of a Penny Rate . . . . .		4.54d.	5.18d.

\*\* The General Grant which took effect from 1st April, 1959, cannot be identified with any individual service.

## SCHOOL HEALTH REPORT

To the Chairman and Members of the Education Committee  
of the County Borough of Stockport

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit to you the Annual Report of the Principal School Medical Officer which is the 54th of the series.

During the year the traditional method of periodic medical examination was modified, to a limited extent, by the inclusion of a pilot scheme of selective medical examinations of the intermediate age groups. This development, which aims at directing the resources of the School Health Service principally towards those children whose need is greatest, is an attempt to adapt the Service to meet the altered medical and social circumstances of the present day.

Comparison of the incidence of defects recorded at medical inspection with the figures for the previous year and also with the average figures for the past five years revealed no significant variation, and similarly the very small proportion of children whose general physical condition was considered unsatisfactory approximated very closely to the average figure of recent years.

The proportion of pupils found to be infested with vermin (in most cases nits in the hair) was slightly lower than that during 1961 but this problem remained a major one for the school nurses, and represented a time-consuming duty for them, not infrequently rendered more difficult by passive parental resistance. It is, however, gratifying to note that in only one instance was it necessary to issue a formal cleansing notice. In all other cases the instruction and encouragement given by the nurses resulted in satisfactory cleansing, and in this respect their efforts were greatly helped by the arrangements for issuing a sufficient amount of an appropriate shampoo from the Central School Clinic for use by the whole family.

Although 1962 was not a 'measles year' the epidemic expected in the early part of 1963 actually commenced in the last quarter of 1962, resulting in an incidence very much greater than was forecast for that year. No other communicable disease presented any problems for the school population during the year. No case of diphtheria or poliomyelitis occurred and, although it is appreciated that many environmental and social factors affect the incidence of these diseases, there is little doubt that active immunisation has been the major preventive factor both for the individual and the community. In particular, it is tempting to equate the record low incidence of poliomyelitis throughout the country during 1962 with the introduction in the early part of that year of oral vaccine for routine vaccination.

The arrangements for offering diphtheria immunisation in schools during the Autumn term again resulted in a satisfactory 'immunisation drive' and by the use of a combined diphtheria/tetanus vaccine for this purpose, simultaneous protection against both diseases was achieved. A novel feature of these arrangements was

the use of disposable plastic sterile syringes and needles which guaranteed absolute sterility for each injection, and also obviated the need for sterilisation by boiling on the school premises.

The number of children who received two doses of salk vaccine against polio-myelitis was a good deal smaller than that of the previous year but a large number of children received a full course of three doses of oral vaccine during the year.

The percentage of children who gave a positive reaction to the tuberculin test, which is given prior to B.C.G. vaccination, was very slightly higher than that of last year, but the figures clearly show that this is attributable to the inclusion of the 13 age group, which contains a relatively greater number of positive reactors.

It is pleasing to report that co-operation between the staff of the School Health Service and others concerned with the health and welfare of school children has been maintained during the year. In addition to the Consultant services provided at the Central School Clinic, there are many contacts at field level between School Medical Officers and General Practitioners. This liaison results in a well co-ordinated service for school children, in which the diagnostic and advisory functions of the School Medical Officer are complementary to the more comprehensive and therapeutic approach of the General Practitioner and Hospital Consultant.

Although there is ample evidence that the integration of school nursing with health visiting is achieving its aim of providing a more complete service in which the school child is regarded as a member of a family unit in addition to being one of a school community, it must be admitted that staffing difficulties are arising in consequence. It is very rare indeed for an applicant for a school nurse's post to hold the Health Visitor's Certificate and this emphasizes the importance of sponsoring suitable applicants for training. The employment of State Registered Nurses in temporary, unestablished posts as school nurses is permissible, and this is proving satisfactory as an interim measure, but does little to solve the long term problem.

It is perhaps appropriate to mention the report of the Royal College of Physicians on 'Smoking and Health', the publication of which, early in 1962, made a dramatic impact on the country as a whole. Although, in fact, it contained little that was new, it crystallised the medical evidence in a pungent manner which stimulated widespread discussion centrally and locally. Of the recommendations made in the Report, perhaps the most relevant to the School Health Service was to the effect that more education of the public should be carried out concerning the hazards of smoking and that this should be directed mainly at children of school age. This recommendation has been accepted in principle and, as a result, suitable publicity material has been made available for use in schools. In addition, arrangements have been made for one of the Ministry of Health's Mobile Units to visit in July of this year those schools which have requested to be included in the national campaign to discourage smoking among young people.

I desire to thank the Director of Education, Dr. E. Gwyn Thomas, and his staff, for providing information for inclusion in this Report, and for all the consideration that is extended and help that is given with this special branch of the Education Committee's work.

I should also like to thank the Head Masters and Head Mistresses of all schools and departments, who have assisted the medical and nursing staff throughout the year in the many activities of the School Health Service, for all the kindness and co-operation that has been extended to them in the execution of their work.

I wish to place on record my thanks to all members of the staff for their loyal service and response to all demands which have been made of them. Finally, I should like to express my sincere appreciation of the courtesy and consideration which has been shown by you Mr. Chairman, Ladies and Gentlemen, to all members of the School Health Service throughout the year.

I have the honour to remain,

Your obedient servant,

A. R. M. MOIR.

Principal School Medical Officer.

School Health Department,  
Ponsonby House,  
Stockport.

September, 1963.

**R E P O R T****I - MEDICAL INSPECTION****(a) Periodic Medical Inspections**

During the Spring and Summer Term periodic medical inspection of pupils was carried out as in previous years, but in the Winter Term a pilot scheme of selective medical inspection of the eight and eleven year old groups was introduced in four all-age schools. Full details of the scheme of selective medical inspections are given below :

**SELECTIVE SCHOOL MEDICAL INSPECTIONS**

It has been the experience of many School Medical Officers that frequently, because of the large number of children examined at each inspection session, insufficient time is available to give the necessary detailed attention to the problems of the child with significant or handicapping defects. The Ministry of Education has been aware of this problem for some time, and in the School Health Service Regulations, 1959, reference was made to alternative schemes which may profitably replace routine medical inspections of children in the intermediate age groups. Accordingly, a suggested modification of the method of medical inspection of such children was submitted to the Local Authority for approval and came into operation in the Winter Term of 1962.

It is proposed that medical inspections for all school entrants and school leavers should continue as at present for the following reasons: The entrants' examination is probably the most important one in the child's school life. Parental attendance at this examination is very high, (in the region of 90%), and because of this high degree of parental interest at this stage a full and satisfactory medical assessment of the child can be made, particular care being taken to observe any handicapping or potentially handicapping condition. This examination is also a convenient point for testing the child's vision, (audiometry is carried out independently during the child's first year at school) and reviewing the immunological status. Similarly, the school leavers' examination will always be a necessary procedure, linked as it is with the school child's employment potential, and it is carried out at a point which allows sufficient time for any significant condition discovered to be dealt with within the framework of the School Health Service. The omission of the intermediate periodic medical inspection leaves a gap of some nine to ten years between the entrants' and the leavers' examination and although a certain amount of follow up work is carried out as a result of defects found at the entrants' examination a system of selective examination of the intermediate age group probably offers a better means of detecting defects and other potentially handicapping conditions.

The method of selection is as follows :

Health questionnaires, accompanied by covering letters, (see Appendix A and B, pages 47 - 50), are sent to the parents of children in the intermediate age group - that is eight years and eleven years. When completed, these are returned to the School Medical Officer in sealed envelopes marked 'Confidential'. As a result

of scrutiny of these questionnaires the School Medical Officer decides which children merit examination. However, before a definite list of such children is made out it is necessary for the School Medical Officer to consult with the Head Teacher in order to determine whether any significant condition which may have escaped the notice of the parents has been observed at school. A scrutiny of the school register indicates any untoward absenteeism and this in itself leads to the child being selected for examination, irrespective of the results of the questionnaire. The opinion of members of the School Staff e.g. Head Teacher, Class Teacher or P.E. Teacher is invaluable as they are dealing with the children every day and they get to know them extremely well in most respects and consequently are in a position to note any significant departures from the normal. To ensure the success of the project the School Medical Officers should visit their schools at least twice a term, but between these visits they are readily accessible to the school staff so that they can refer any child for examination, if worried about any condition. It is still considered necessary to test routinely the vision of all children in the eight year old and eleven year old groups as, if this were not done, several cases of refractive error would probably not be discovered. Apart from this, it is extremely unlikely that any significant defect would be missed by this modified approach, as the entrants' examination will reveal any existing condition, and any subsequent condition which might develop would give rise to symptoms or signs which would be obvious either at home, or in school, or more probably in both places.

This pilot scheme is being tried out in four selected all-age schools. It is not expected that it will save time. The intention is that the School Medical Officer should be in a position to give the greatest attention to those children who most require it, and it is probable that it will lead to an even better liaison between the School Medical Officer, the teacher and the parent. The Scheme is due to operate for three terms, after which it will be reviewed, and a decision taken by the Local Authority as to its suitability for more general application.

#### (b) Special Inspections

Special Inspections concern children who are not due for periodic medical inspections but who are specially presented for examination by parents, teachers or school nurses when some defect is suspected. Details of the defects requiring treatment or observation which were discovered at these inspections are shown in Part II Table B, page 43.

#### (c) Re-inspections

Re-inspections are held for children, who, at a previous inspection during the year, had some defect requiring treatment or observation.

#### (d) Statistics of Medical Inspection

The statistical tables relating to the Periodic Medical Inspections carried out during the year are shown on page 39. The number of Periodic Medical

Inspections carried out during the year was 8,589 compared with 9,590 last year. The number of Special inspections was 9 and the number of Re-inspections was 6,356 during the year. This compares with 63 Special inspections and 6,143 Re-inspections last year.

The number of visits to schools by the School Medical Officers for the purpose of carrying out Periodic Medical Inspections was 587 compared with 620 in 1961.

## II - FINDINGS OF MEDICAL INSPECTION

The detailed figures relating to the defects found at the Medical Inspections will be found in Part II Table A page 42.

### (a) General Condition of Pupils

The figures for 1962 are as follows :-

Age Groups Inspected	No. of Pupils inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
1958 and later	269	266	98.88	3	1.12
1957	873	869	99.54	4	0.46
1956	995	986	99.09	9	0.91
1955	464	459	98.92	5	1.08
1954	941	932	99.04	9	0.96
1953	410	407	99.68	3	0.32
1952	437	436	99.77	1	0.23
1951	1,046	1,042	99.61	4	0.39
1950	554	552	99.63	2	0.37
1949	170	169	99.41	1	0.59
1948	299	298	99.66	1	0.34
1947 and earlier	2,131	2,124	99.67	7	0.33
Total	8,589	8,540	99.42	49	0.58

### (b) Infestation with Vermin

The school nurses continue to pay regular visits to the schools to examine children for the presence of infestation. This year 66,283 inspections of pupils were made as compared with 55,615 inspections in 1961. Out of a total of 21,992 on the rolls, 1,287 individual children were found to be unclean or 5.8 per cent of the children on the rolls. In 1961, 5.9 per cent of the children on the rolls were found to be unclean. (The nursing staff is, of course, rather handicapped in this respect in that it has no power to cleanse those

members of the household who are not of school age, and consequently it is not always possible to deal with the sources of infestation.)

The statistical tables referring to this subject will be found on page 41 of this Report.

#### (c) Dental Defects

Part IV, page 46, shows that 85 sessions were devoted to the inspection of 18,177 pupils in school. In addition, 1,386 Specials were inspected at the clinic.

### III - FOLLOW-UP

The children who are found at the periodic medical inspections to have defects requiring treatment or observation are followed up by the School Medical Officers at their subsequent visits to the schools. The Head Teachers of the schools and the School Nurses are informed of the names of those children who require to be followed up and are therefore able to ascertain whether the recommendations made have been implemented. In those cases where the recommendations are not being complied with through default on the part of the parents, the School Nurses visit the homes of the children to discuss the matter with the parents. In this connection the number of visits to schools during the year was 43 and the number of home visits was 130.

I should like to take this opportunity to thank all Head Teachers for their co-operation in this matter.

### IV - ARRANGEMENTS FOR TREATMENT

#### (A) PRE-SCHOOL CHILDREN

##### Attendances

(i) Minor Ailment Clinic (Skin defects and miscellaneous cases)	267
(ii) Eye Clinic Refractions . . . . .	81
(iii) Dental Clinic . . . . .	655

#### (B) SCHOOL CHILDREN

##### (a) Uncleanliness

The removal of lice and nits from the hair of infested children is, of course, primarily the responsibility of the parents. When infestation is found by the school nurse, the parents of the affected children are informed and asked to

cleanse their heads forthwith. Only when the parents have failed, after repeated requests to carry out the cleansing satisfactorily, is consideration given to procedure to arrange for compulsory cleansing. In a large proportion of the cases seen, the parents make an effort to comply with the requests of the school nurses, and are prepared to bring their children to the Clinic, if necessary, for the cleansing to be carried out under supervision. However, there remains a hard core of difficult cases who are resistant to persuasion, and for these, firmer measures are occasionally necessary.

During the year 758 visits were made to the schools by the school nurses to examine children for uncleanliness.

**(b) Minor Ailments and Diseases of the Skin**

Doctors' consultations are held at the following Clinics and the school nurses carry out treatment for minor ailments at the following times.

The Minor Ailments Clinic at Ponsonby House, is open daily and one of the School Medical Officers is in attendance on Monday mornings, Tuesday afternoons, Thursday mornings and Friday afternoons.

The Minor Ailments Clinic at the Reddish Welfare Centre, Stanhope Street, Reddish is open on Wednesday mornings and Thursday afternoons. A School Medical Officer is in attendance on Wednesday mornings.

The Minor Ailments Clinic at 32 Heaton Moor Road is open each day, except Wednesdays from 9.0 a.m. to 10.30 a.m., for the treatment of minor ailments. A School Medical Officer is in attendance on Thursday mornings.

The Minor Ailments Clinic at Longford Road West, Reddish is open on Monday and Tuesday mornings and Friday afternoons for the treatment of minor ailments. A School Medical Officer is in attendance on Friday afternoons.

The Minor Ailments Clinic at Brinnington is open on Monday, Tuesday, Thursday and Friday mornings from 9.0 a.m. to 10.0 a.m. for the treatment of minor ailments. A School Medical Officer is in attendance on Tuesday mornings.

Attendances at the Minor Ailments Clinics :-

(including doctors' consultations)

Number of new cases seen during the year . . .	3,820
Total number of attendances during the year . . .	12,524

It is clear from these figures that many parents continue to seek advice and treatment for their children at the School Clinics although they are presumably registered with a general practitioner under the National Health Service.

There were five cases of Scabies treated at the Central School Clinic during the year.

**(c) Visual Defects and External Eye Diseases**

**(i) OPHTHALMIC CLINIC**

The visiting ophthalmologists attended at the Central School Clinic on four

sessions each week to examine children referred to the Clinic. In addition to examining children for defective vision, the visiting specialists advise on the treatment of external eye diseases and certify cases of blindness and partial sightedness among school children.

Details of the work done at this Clinic are given below :-

Total number of attendances .. .. ..	1,382
Total number of cases refracted at the Ophthalmic Clinics .. .. ..	1,153
Number of cases in which spectacles were prescribed ..	673

Of the cases refracted at the Ophthalmic Clinics, 81 were pre-school children.

External eye diseases are treated at the Minor Ailments Clinic. Severe cases are referred to their own doctor and are excluded from school. In urgent cases children are referred direct to Stockport Infirmary.

All those children who have glasses prescribed at the School Eye Clinic are seen subsequently at school by the school nurses to ascertain whether the glasses have been obtained. This is more satisfactory than writing to the Head Teachers of the schools for the information and does not take up a great deal of the nurses' time as the information is usually obtained at the time the nurses visit the schools for cleanliness inspections.

#### (ii) ORTHOPTIC CLINIC

This Clinic is held at Stockport Infirmary and is administered by the Stockport and Buxton Hospital Management Committee.

The number of school children referred from the School Eye Clinic to this Clinic during the year was 81.

#### (d) EAR, NOSE AND THROAT DEFECTS

##### (i) EAR, NOSE AND THROAT CLINIC

Children are seen by appointment at this clinic. Consultants from the Ear, Nose and Throat Department of the Infirmary visit on Thursday afternoons each week to examine the children referred to the Clinic. A daily treatment clinic is held for those children who have been ordered treatment by the consultant. Children recommended for operative treatment are admitted to Stepping Hill Hospital, Buxton Hospital and in a few instances, Stockport Infirmary. In respect of school children with impaired hearing, the co-operation of the Consultant Aural Surgeon at Stockport Infirmary is particularly valuable because of his special interest in this aspect of the work.

The number of treatments carried out by the nurses at the Central School Clinic in this connection numbered 254. The number of children who received operative treatment for unhealthy tonsils and adenoids during the year was 360. Of these, 306 were operated on at Stepping Hill Hospital and Buxton Hospital

and 54 at Stockport Infirmary. The number of children operated on for other conditions of the ear, nose and throat was 77. The waiting period for operation at Stepping Hill Hospital was approximately nine months.

#### (ii) AUDIOMETRY

A scheme for the testing of children's hearing in schools was inaugurated at the beginning of 1955. The tests are carried out by the audiometrist on a portable pure tone sweep audiometer. Out of a total number of 2,134 children so examined, the hearing of 1,751 children was found to be normal. 383 children were re-tested using the clinic (non-portable) pure tone audiometer, and of these, 47 were subsequently referred to the aural surgeon for further investigation.

During the year, 232 children referred because of hearing difficulties, by consultants, family doctors, assistant medical officers, health visitors etc., were tested by the audiometrist on the clinic pure tone audiometer.

In addition, arrangements are made for the testing of the following special groups of children :-

- (a) Cases with speech defect.
- (b) Retarded or E.S.N. children and others who are late in acquiring normal speech.
- (c) Cases referred from E.N.T. clinics.

#### (e) Child Guidance

The arrangements for Child Guidance during the year, in the main followed the pattern of last year, and the department was fortunate enough to secure the services of a part-time Psychiatric Social Worker. Two clinic sessions a week have been held at Ponsonby House, and urgent cases have been seen at Booth Hall Children's Hospital, by appointment.

It is a great advantage to have the Psychiatrist who conducts the Child Guidance Clinic associated with the Hospital Psychiatric service. The Psychiatrist is available to the School Medical Officers to discuss with them any of their cases.

During the year a total number of 112 children were seen on one or more occasions; of these, 47 were new cases and 65 were children who were reviewed on one or more occasions during the year.

During 1962, the length of the psychiatrist's waiting list necessitated on average, a delay of 3 to 4 months before a child could be seen, but any urgent case received due priority. It is probable in many non urgent cases, the delay caused by the waiting list allowed a certain degree of spontaneous resolution of the child's emotional problem.

#### (f) Dental Defects

##### **The Report of the Chief Dental Officer : Miss F. Sellars, L.D.S.**

###### (i) THE SCHOOL DENTAL CLINICS.

The School Dental Service in Stockport has a Central Clinic in the Health Department building, Ponsonby House, and three branch clinics.

The Central Clinic adequately serves the southern half of the town while the three branch clinics at Heaton Moor, Brinnington and North Reddish serve the northern half of the town. All four clinics are open for the dental treatment of school children, pre-school children and expectant and nursing mothers.

(ii) STAFFING

The establishment is one Chief Dental Officer and three full time dentists. No applications have been received during the course of this year in respect of the three vacant positions. The employment of part-time dentists is a satisfactory arrangement especially for routine cases. The response to fill part-time vacancies has continued to be good.

(iii) SCHOOL INSPECTIONS

School inspections were carried out mainly by the Chief Dental Officer, who also assigns the necessary routine work to the other dentists. The majority of schools had a dental inspection during 1962. 18,177 children were inspected and 10,756 required treatment. Those children requiring treatment were given cards to take home in order that their parents could state their preference for clinic or private treatment. On the whole, co-operation has been good in returning the forms after the school inspections. There are, however, certain schools where repeated requests for the return of the forms bring no result from the children.

(iv) THREE-MONTHLY INSPECTIONS

A large number of children take advantage of three monthly inspections and keep their appointments very well.

(v) CASUALS

Head Teachers have a list of times when children can attend without an appointment for advice and treatment. These children bring with them special cards giving their parents' written consent. The casuals are not all children with toothache, many call in for an inspection in addition to the one given at school.

(vi) EXTRACTIONS

851 general anaesthetics were given by a Specialist Anaesthetist. 1,289 permanent teeth and 3,384 temporary teeth were extracted during the year.

(vii) CONSERVATION WORK

Owing to the availability of more part-time staff, more time has been devoted to routine conservation work this year. 4,315 permanent teeth and 2,482 temporary teeth were filled in 1962.

(viii) X-RAYS

Children from all parts of the town attend the Heaton Moor clinic for dental x-rays when required.

## (ix) ORTHODONTIC WORK

All orthodontic cases are referred to the Chief Dental Officer for the necessary treatment. Some are referred by the school dentists and others are referred from private dentists. Most of the appliances inserted this year have been of the moveable type so that the necessary mechanical work could be sent to the dental laboratory for processing instead of being welded in the surgery. 60 impressions were taken, 32 appliances were inserted and 208 attendances were made for inspection and adjustment of appliances. All completed orthodontic patients are kept under observation and are given three monthly inspections. Consultant orthodontic opinion, if required, is available at the Manchester Dental Hospital.

## (x) PARTIAL DENTURES

34 partial dentures were inserted for the school children, the mechanical work being sent to the dental laboratory. Partial dentures are mainly required to replace anterior teeth lost as a result of accidental fractures and teeth knocked out in falls, etc. A few partial dentures are due to neglect in arranging an appointment for dental treatment until it is too late and the front teeth are too carious for conservation work. Hence they have to be extracted.

## (xi) PRE-SCHOOL CHILDREN

Pre-school children attend for dental treatment from various sources. A great number accompany their older brothers and sisters every three months and are themselves treated. The nursery schools all have a dental inspection in turn, and these children are given the same opportunity for treatment as the school children. Pre-school children are referred from the Child Welfare clinics if dental defects are discovered at the periodic medical inspection. 384 pre-school children made 655 attendances for dental treatment in 1962. 298 teeth were filled, 119 general anaesthetics and 55 local anaesthetics were given for the extraction of 350 teeth.

## (xii) EXPECTANT AND NURSING MOTHERS.

Expectant and nursing mothers requiring dental treatment are referred to the School Dental Service from the maternity clinics where they have indicated that they do not intend to seek treatment from a National Health Service dentist. During 1962, 131 mothers made 357 attendances for dental treatment and the following work was carried out :-

Number of teeth filled .....	89
.. .. .. extracted .....	408
.. .. general anaesthetics .....	27
.. .. local anaesthetics .....	77
.. .. full dentures inserted .....	36
.. .. partial dentures inserted .....	14

**(xiii) TRAINING CENTRES**

The two training centres, Beacon House and Prospect House were both visited this year and the children attending there received the same opportunity for inspection and treatment as other children.

**(xiv) DENTAL HEALTH EDUCATION**

Instruction in oral hygiene is given in the school dental clinics at the chairside. Children are told the correct method of cleaning their teeth emphasising the importance of this procedure after meals and last thing at night. The value of fresh fruit and vegetables as natural tooth cleansers is pointed out with particular reference to raw apples and sliced carrot.

Posters issued by the Dental Board are displayed in the dental waiting rooms and literature on the care of the teeth and the value of regular dental attention is available at the clinics.

Lessons on the structure of the teeth and their care are included in hygiene and biology lessons at school and films on dental care are also available to schools. The advice of the Chief Dental Officer is available to any head teacher who requires guidance on any matter concerning dental health education in his school.

The question of the sale of biscuits at the mid-morning break has arisen and has been discussed with various head teachers. In a few cases sales have been deliberately restricted or stopped to see whether this will have any effect on the incidence of caries.

Part IV on page 46 gives details of school inspections and dental treatment given in clinics.

**(g) Orthopaedic and Postural Defects**

Arrangements have been made in some schools for children found by the School Medical Officer to have simple postural defects, to have regular weekly or twice weekly remedial exercises under the direction of a teacher trained in this work. In addition, use of the modern apparatus installed in many schools in recent years will no doubt help to reduce the incidence of postural defects. Children suffering from the severer types of postural defect and from other orthopaedic conditions are referred to the Consultant Orthopaedic Surgeon at the Stockport Infirmary.

The number of such children referred to hospital for treatment during the year was 14. The number of children with severe orthopaedic defects admitted to the Children's Orthopaedic Hospital, Marple, was 10.

**(h) Chiropody**

Number of attendances by the Chiropodists	..	..	198
,, , treatments	..	..	2,196
,, , new patients	..	..	372
,, , cases of Verrucae	..	..	515
,, , , , corns.	..	..	64
,, , , contracted or overlapping toes	..	..	5
,, , , ingrowing toenails	..	..	22
,, , , other conditions (flat feet, bursae metatarsalgia, heloma miliaries, onychogryphosis, etc.)	..	..	55

The customary re-inspections have been carried out and the full co-operation of the children and their parents has been received.

Sessions for schoolchildren are now held weekly at the three branch school clinics, Heaton Moor, North Reddish and Brinnington. These clinic sessions are comprehensive, in that school children are seen together with adults.

**(i) Speech Therapy****The Report of the Speech Therapist : Miss D. E. Lees, L.C.S.T.**

There are three speech clinics in Stockport. The Branch Clinic at 32 Heaton Moor Road, serving the north side of the town, Ponsonby House which serves the southern area and Woodlands Special School. At this last clinic, patients are restricted to the pupils attending the school. During 1962, a total of 474 sessions were held at these clinics.

129 children, 91 boys and 38 girls received speech therapy during the year, 31 of whom were discharged as cured. 73 children were still receiving treatment on the 31st December, 1962 and 49 remained on the waiting list.

Out of a total of 188 children (this figure includes both those who received treatment or were on the waiting list during 1962), 21 failed initial appointments or did not complete treatment. In addition, 3 were found not to require treatment and 6 entered residential schools. 2 children left the Stockport area.

Attendances have proved comparatively satisfactory during the year. The 11.1% who failed their appointments is approximately the same number as did so the previous year. The majority of these non-attenders are senior school pupils, 27.2% of the seniors having failed appointments as against 14.01% of their juniors.

This trend is reversed however, when comparing the discharges, the seniors showing the better results, the figures being 27.2% of the seniors and 23.3% of the juniors.

The following is an analysis of the various kinds of defects and numbers of children treated during 1962 :-

	Pre-school children		Infants and Juniors		Seniors		<i>Totals</i>
	Boys	Girls	Boys	Girls	Boys	Girls	
Cleft-Palate Speech	-	-	2	1	1	-	4(1)
Dyslalia	-	-	64	27	5	2	98(19)
Dysphonia	-	-	1	1	-	-	2(1)
Stammering	-	-	7	2	9	4	22
Mixed Disorders	-	-	1	1	1	-	3
<b>Totals</b>	-	-	75	32	16	6	
		-	107		22		129(21)

The numbers in brackets are educationally sub-normal children included in the totals. Between 1st January, 1962 and 31st December, 1962, 91 boys and 38 girls received speech therapy.

## V - CO-ORDINATION WITH OTHER BRANCHES OF THE NATIONAL HEALTH SERVICE

### (a) With General Practitioners

Satisfactory liaison has continued with many practitioners in the town. From these doctors information is received from time to time about handicapped children under their care for whom the facilities offered by the School Health Service are requested. Many of the children who attend the Aural Clinic and the Eye Clinic are referred at the request of general practitioners.

### (b) With Hospitals

The highly satisfactory arrangements have continued to operate whereby medical reports on children who have attended the Out Patients' Department of the Stockport Infirmary or who have been in-patients at Stepping Hill Hospital or at the Infirmary, are sent to the Principal School Medical Officer. The visiting Specialists who conduct the Eye Clinics and Ear, Nose and Throat Clinics which are held at the Central School Clinic, are also on the staff of the local hospitals; thus, continuity of supervision is ensured.

### (c) With the Health Department

Information concerning children entering school for the first time is supplied by the Health Department from the health visitors' records of home visits and clinic attendances.

A register of handicapped pre-school children is maintained by the Superintendent health visitor, compiled from information received from a variety of sources e.g. health visitors' records, medical officers' clinic record cards, copies of letters from hospital specialists to family doctors etc. and the information contained therein is made available to the School Health Service.

The fact that the district health visitors are also the school nurses of the primary schools in their districts greatly facilitates the exchange, between the Health Department and School Health Service, of information concerning handicapped young children, this exchange being especially valuable at school entry.

In the field of mental sub-normality the school medical officers perform a valuable service to the Mental Health section of the Health Department by examining young children for suspected disability of mind and thus initiating the procedure by which the Health Department can provide appropriate training facilities and other forms of community care for these children who are found to be unsuitable for education at school.

At an administrative level, co-ordination of services is ensured by the fact that the Principal School Medical Officer and his deputy are also, respectively, chief officer and deputy of the Health Department.

## VI - CO-OPERATION OF PARENTS, TEACHERS SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES

### (a) Co-operation of Parents

#### (i) ATTENDANCE AT THE PERIODIC MEDICAL INSPECTIONS.

During the year, 8,589 children were inspected at the Periodic Medical Inspections and parents were present at 4,684 of these inspections.

The number of parents attending with their children in the four age groups examined were as follows :-

	Number Examined	Parents present	% (approx.)
School Entrants	1,868	1,720	92.07
Primary School Leavers	1,046	665	63.57
Secondary School Leavers	2,131	153	7.17
Other Periodic Inspections	3,544	2,146	60.55

The inspections classified as 'Other periodic inspections' take place when the children are between the ages of seven and eight years. Bearing this in mind it will be observed from a perusal of the above figures that parental interest in the inspections diminishes progressively as the children get older. This

is unfortunate as parental co-operation is required if the defects found at inspection are to be adequately corrected. For example, children with postural defects should ideally carry out the remedial exercises at home each day, under the supervision of the parent, and those children whose obesity requires dietary management need active support and encouragement at home. It is much more satisfactory if the doctor is able to discuss these matters with the parent at the time of examination rather than write about them.

(ii) ATTENDANCE AT CONSULTATION AND SPECIALIST CLINICS

The children seen at the Consultation Clinics by the School Medical Officers are brought either because the parents seek advice on some medical problem or because the School Medical Officers, having examined the children at school, wish to examine them further at the Clinic. In most cases they are accompanied by their parents. Children attending the Specialist clinics must be accompanied by their parents, otherwise they may not be seen.

(b) CO-OPERATION WITH TEACHERS

(i) MEDICAL AND DENTAL INSPECTION

The arrangements made for the Medical Inspection of pupils on school premises worked smoothly during the year; thanks are due to the Head Teachers of the schools for their co-operation in this matter. Whenever possible a well heated room has been put at the disposal of the Medical Officer for the inspection. In some of the older schools the inspections have still to be carried out in a classroom which has been vacated for the purpose. Head teachers or their representatives attend at the medical inspection in some schools and are able to furnish the Medical Officer with useful information at the time the children are being examined.

The co-operation of the Head Teachers has also been appreciated by the Dental Officers.

(ii) FOLLOW-UP

At the end of each medical inspection the Head Teacher is informed of the names of those pupils who have defects requiring attention. The Head Teachers are able to help in the follow-up of these children in such ways as ensuring that when glasses have been provided, they are worn each day by the children, that children with defective hearing are given a favourable position in class, and that children with valvular heart disease are, where necessary, either excluded from games or restricted in their activities. Thanks are due to the Head Teachers for their co-operation in this matter during the year.

(iii) MEDICAL AND DENTAL TREATMENT

Thanks are due to the Head Teachers for ensuring that their pupils attend for treatment at the Clinics at the times arranged.

**(c) Co-operation with School Welfare Officers**

The staff of the School Welfare Section continues to do valuable work, and close contact is maintained with this Department.

**(d) Co-operation with Voluntary Bodies**

The School Health Service is very much indebted to the various voluntary bodies for their work, and desires to place on record its appreciation.

**(i) THE G. W. COOKSON BEQUEST**

The G. W. Cookson Bequest (vested in the Mayor of Stockport) provided an outing for 150 children selected by the Welfare officers from less affluent homes. The children were conveyed by bus to Liverpool and from thence to Llandudno by steamer, and had a very enjoyable time. The Senior Welfare Officer organised the outing and was ably assisted by the staffs of the School Health Service and Education Department.

**(ii) THE STOCKPORT AUXILIARY OF THE Cripples' Help Society.**

This organisation provided a visit to the Circus at Belle Vue in January and a day's outing to Fleetwood in the summer months, for the physically handicapped children of the town, many of whom are children of school age.

**(iii) THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.**

The Society has continued to render valuable assistance to the School Health Service.

**(iv) THE WOMEN'S VOLUNTARY SERVICE.**

The local branch of the Women's Voluntary Service has been most helpful in providing items of clothing in cases where the plight of necessitous children has been brought to its notice.

## **VII - IMMUNISATION PROCEDURES AND INCIDENCE OF INFECTIOUS DISEASES**

**(a) Immunisation Against Diphtheria and Tetanus - 1962**

In 1961, it was decided to use a new antigen which would protect against both Diphtheria and Tetanus, thus achieving simultaneous protection with no extra injections. This procedure is especially valuable as most children aged 8 years and under have had the benefit of immunisation in infancy with the triple antigen (against Whooping Cough, Diphtheria and Tetanus), and so receive a boosting of their immunity against these two dangerous diseases.

***Immunisation at Welfare Centres :***

The number of children who had a course of Primary injections was 77 and re-inforcing injections was 142, giving a total of 219.

*Immunisation at Schools :*

The number of children who had a course of Primary injections was 253 and re-inforcing injections was 1,707, giving a total of 1,960.

Number of visits to schools ..... 70

Number of schools visited ..... 48

*Immunisation by Private Doctors :*

The number of children who had a course of Primary injections was 15 and re-inforcing injections was 52, giving a total of 67.

**(b) Vaccination against Poliomyelitis**

The number of children in the six months to eighteen years age group who were vaccinated with two injections during 1962 was 485. In addition, 1,040 children received a full course of 3 doses of oral vaccine.

**(c) Vaccination against Tuberculosis (B.C.G. Vaccination)**

B.C.G. Vaccination was continued during the year in accordance with the provisions of Ministry of Health Circular No. 22/53 dated 5th November, 1953. The scheme entails contacting parents through the medium of the schools and undertaking skin testing and vaccination on school premises. If the response from any particular school is small, it is arranged that children from such schools shall attend at the nearest Welfare Centre.

In 1959 an extension of the existing arrangements was sanctioned by the Minister of Health (Circular 7/59) to include children over 13 years of age. This decision enabled the parents of any child who previously missed B.C.G. vaccination to re-consider the benefits of this scheme. In the third year of the extended age group, 162 consented, and of this number, 122 were vaccinated; 18 were positive reactors and the remainder absent, etc.

The following Table gives in detail the response and results of the B.C.G. Vaccination programme since the inception of the scheme in January, 1954.

Year	No. of Schools	No. of 13-yr. old children.	No. of acceptances	No. given B.C.G.	Positive Reactors	% Pos.
1954	22	1,495	886	596	204	25
1955	21	1,632	899	672	158	19
1956	22	1,794	997	784	188	19
1957	20	1,799	1,021	821	154	15
1958	22	1,749	1,014	804	119	13
1959	21	2,178	1,377	1,178	176	13
1960	22	2,398	1,450	1,256	153	10
1961	21	2,111	1,247	1,107	114	9
1962	22	2,029	1,210	1,031	122	10

X-ray examination of all positive reactors is carried out under arrangements made with the Consultant Chest Physician at the local Chest Clinic, who has very kindly consented to undertake these examinations.

**(d) Incidence of Infectious Diseases**

Disease	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total 1962	Total 1961
Scarlet Fever	8	3	2	9	22	62
Diphtheria	-	-	-	-	-	-
Dysentery	-	2	-	1	3	1
Pneumonia	1	-	-	-	1	-
Meningo-coccal infections	-	-	-	-	-	-
Measles	3	11	67	294	375	791
Whooping Cough	1	-	1	2	4	5
Poliomyelitis	-	-	-	-	-	1
Food Poisoning	-	-	-	-	-	-
Acute Encephalitis	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	6

**VIII - HANDICAPPED PUPILS**

**(a) Examinations of Children for a Suspected Disability of Mind**

215 children were examined during the year for a suspected disability of mind and recommendations were made as follows :-

(i)	To be educated in an ordinary school.....	111
(ii)	To be educated in an ordinary school and be referred to the Consultant Child Psychiatrist.....	26
(iii)	To be educated in a special day school for educationally subnormal pupils.....	29
(iv)	To be educated in a special residential school for educationally subnormal pupils.....	13
(v)	To be educated in a special residential school for Epileptic pupils.....	1
(vi)	To be educated in a special residential school for Maladjusted pupils.....	2
(vii)	To be educated in a special residential school for the Partially Sighted pupils.....	3
(viii)	To be reported to the Local Authority for the purposes of the Mental Health Act, under Section 57(4).....	3
(ix)	To be reviewed at a later date .....	5
(x)	To continue in an ordinary school.....	9
(xi)	Other recommendations.....	13

In addition -

215

26 E.S.N. children at special schools were examined prior to leaving school and were recommended for friendly supervision.

**(b) Admissions to Special Residential Schools and Hospital Schools****(i) BLIND AND PARTIALLY SIGHTED PUPILS.**

1 boy was admitted to the Liverpool School for the Blind, Wavertree, Liverpool.

1 girl was admitted to the Royal Normal College, Rowton Castle, after discharge from the Liverpool School for the Blind, Wavertree, Liverpool, and 1 girl was discharged from the Royal Normal College, Rowton Castle.

2 boys were admitted to The Bank Meadow Day School for Partially Sighted pupils, Ardwick, Manchester.

**(ii) DEAF AND PARTIAL HEARING PUPILS**

1 girl was admitted to and 2 girls were discharged from The Royal Residential Schools for the Deaf, Trafford Park, Manchester.

2 boys were admitted to and 1 girl was discharged from Dockray House, Cheadle Hulme, Cheshire.

1 boy was admitted to the St. John's Residential School for the Deaf, Boston Spa, Lincolnshire.

1 boy was admitted to the Thomasson Memorial School, Bolton, Lancashire.

**(iii) DELICATE AND PHYSICALLY HANDICAPPED**

25 boys and 22 girls were admitted to, and 19 boys and 26 girls were discharged from The Longfield Open Air School for Delicate Pupils, Mauldeth Road, Heaton Mersey, Stockport.

1 boy was admitted to the Manchester Open Air School, Styall, Cheshire.

1 boy was admitted to and 1 boy and 1 girl were discharged from the Children's Convalescent Home, West Kirby, Cheshire.

1 boy was discharged from the Lord Mayor Treloar College, Alton, Hants.

1 boy was discharged from Warlies Hospital Home, Waltham Abbey.

1 boy was admitted to the Bethesda Homes, Cheadle Hulme, Cheshire.

**(iv) EDUCATIONALLY SUBNORMAL PUPILS.**

10 boys were admitted to, and 14 boys were discharged from The Taxal Lodge Special Residential School, Whaley Bridge, Nr. Stockport.

12 boys and 11 girls were admitted to, and 25 boys and 9 girls were discharged from The Woodlands Special Day School, Offerton, Stockport.

1 boy was discharged from Pontville Roman Catholic School, Ormskirk, Lancashire.

1 girl was discharged from High Close School, Wiltshire Road, Wokingham, Berkshire.

1 girl was admitted to Beechwood Road Residential School, Liverpool.

1 girl was admitted to and discharged from Bostock Hall Residential School, Middlewich, Cheshire.

## (v) MALADJUSTED PUPILS.

1 boy was admitted to Clwyd Hall School, Llanychen, Ruthin.

## (vi) EPILEPTIC PUPILS

2 boys were admitted to and 2 boys were discharged from The Colthurst House School, Warford, Cheshire.

1 boy and 1 girl were admitted to The Soss Moss School, Chelford, Cheshire.

## (c) Provision of Home Tuition

The following table gives a detailed account of the provision of Home Tuition during the year, 1962 :-

Sex	Age	Condition	Reason for Home Tuition
M	16	Spinal tuberculosis with paraplegia. Wheel-chair bound.	Severity of handicap. Awaiting admission to Residential Rehabilitation Unit.
M	15	Deformed external ear, associated with deafness. Also low grade E.S.N. Maladjusted.	Parents refused Special School.
M	15	Gastric ulcer with Haematemesis.	Severity of handicap.
M	12	Fractured right tibia and fibula caused by car accident.	Severity of handicap.
M	12	Friederich's Ataxia and congenital heart lesion.	Severity of handicap.
M	11	Low grade E.S.N. Severely maladjusted.	Awaiting place in residential special school.
M	10	Epilepsy with serious Maladjustment and encopresis.	Awaiting admission to residential special school.
M	10	Recurrent bronchitis and pneumonia.	At G.P.'s request because of severity of handicap.
M	9	Deformity of external genitalia with associated incontinence of urine.	Incontinence.
M	7	Haemophilia	Severity of handicap.
F	15	Spondylolisthesis. In plaster cast from neck to groin (Left), neck to knee (Right)	Severity of handicap.
F	10	Cerebral tumour treated by radio-therapy. Left paresis and speech defect.	Severity of handicap.
F	9	Sub-acute rheumatic fever.	Severity of handicap.
F	9	Acute type I Nephritis.	Severity of handicap.
F	8	Poliomyelitis with bulbar involvement. Was wheelchair bound. Died whilst awaiting vacancy in Special School.	Severity of handicap.

The School Medical Officers recommend the appropriate children for home tuition. The information, indicating the possible need for home tuition, reaches the

School Medical Officer from a variety of sources. Generally, the Education Department is informed either by the Head Teacher or the parent of the child ill at home and in turn the Director of Education passes this information to the Principal School Medical Officer who arranges for the School Medical Officer to pay a home visit to assess the need for home tuition, if necessary after discussing the matter with the family doctor. In addition, reports from Hospital Specialists in respect of individual children occasionally include recommendations for home tuition and this also leads to a home visit. An average period of three weeks elapses before home tuition is considered.

The children receiving home tuition are supervised, as far as their clinical progress is concerned, by the School Medical Officer who also decides the amount of home tuition which is appropriate at any particular stage. As far as the academic progress is concerned a progress report in respect of each child is sent by the Home Teacher to the Director of Education who sends a copy of each report to the Principal School Medical Officer for information to each School Medical Officer. In general, the School Medical Officers see the children at home as and when necessary but not less than once per term.

Home Tuition presents few difficulties in practice as there is no lack of suitable teachers prepared to offer their services for this purpose, but there is no doubt that it is mainly due to the excellent liaison between the Director of Education and the Principal School Medical Officer that the scheme works so smoothly.

## IX - SPECIAL SCHOOLS

### (a) Longfield Open Air School, Mauldeth Road, Heaton Mersey

Accommodation	..	..	90
Number on Roll	..	..	77
Percentage Attendance	..	..	75%

60 children were inspected by the School Dental Officer and 53 children were referred for treatment.

Children are admitted to this school on the recommendation of the School Medical Officers. The types of children for whom admission is recommended are mainly those suffering from general debility, chronic respiratory disorders such as asthma and bronchitis and physical handicaps of slight or moderate degree. Some primary school children who are slightly maladjusted also seem to benefit from the regime of the school.

This extra help to the individual child is especially beneficial where there has been long absence from school through illness.

Throughout the year under review the average number of children on the roll was 84. The attendance of the children has been reasonable throughout the year, having regard to the complaints from which they suffer.

Number of children discharged during the year :

		Boys	Girls	Total
Group I - Cured	..	2	4	6
Group II - Much improved	..	9	12	21
Group III - Improved		7	9	16
Group IV - Withdrawn by parents	..	1	1	2

General classification of defects at end of Autumn Term :

		Boys	Girls	Total
Anaemia	..	..	1	4
Asthma	..	..	6	8
Bronchitis	..	..	5	11
Bronchiectasis	..	..	-	1
Debility	..	..	18	39
Diabetes	..	..	1	1
Heart Disease (Congenital)	..	..	-	1
Rheumatism	..	..	-	1
Slight maladjustment	..	..	7	12
Catarrhal symptoms	..	..	2	2
Physical handicaps.	..	..	1	6
		41	45	86

**(b) Taxal Lodge Special Residential School for Educationally Subnormal Pupils, Whaley Bridge, Derbyshire.**

Number on Roll .. . . . . 45 boys.

Ten boys were admitted to the school during the year.

Fourteen boys were discharged from the school during the year.

**(c) Woodlands Special Day School**

Number on Roll .. . . . . 100

I. Q. Range .. . . . . 50 - 81.

84 children were inspected by the School Dental Officer and 58 were referred for treatment. 89 children were medically examined during the year.

**X - NURSERY SCHOOLS**

The number of children accommodated at the Nursery Schools is shown below :-

Adswood :	Arnfield Road	.. .	From two to five years .	44
Belmont :	Grafton Street	.. .	From two to five years .	43
Hollywood Park :	Wood Street	.. .	From two to five years .	44
Portwood :	Avenue Street	.. .	From two to five years .	44
Reddish Vale :	Reddish Vale Road	.. .	From two to five years .	89

**XI - HIGH SCHOOLS AND OTHER INSTITUTIONS  
OF SECONDARY EDUCATION**

**(a) Medical Inspection**

The Local Education Authority maintains four Secondary Schools of the Grammar School type and nine Secondary Modern Schools, and a Secondary Technical School at Pendlebury Hall.

An annual Periodic Medical Inspection is carried out at these schools, the pupils being examined in their 15th year and annually thereafter if they remain at school. All pupils found to have defects are re-examined at school from time to time. Details of the number of pupils who were examined at these schools during the year are as follows :

Fylde Lodge High School	.. .	.. .	102
Stockport High School	.. .	.. .	88
Stockport School	.. .	.. .	866
Stockport College (Junior Commercial)	.. .	.. .	45
Secondary Technical School for Boys	.. .	.. .	111
Avondale County Secondary School	.. .	.. .	178
Belmont County Secondary School ..	.. .	.. .	66
Brinnington County Secondary School	.. .	.. .	33
Dialstone County Secondary School	.. .	.. .	219
Offerton County Secondary School ..	.. .	.. .	140
Peel Moat County Secondary School	.. .	.. .	190
Reddish Vale County Secondary School	.. .	.. .	267
St. George's C.E. Voluntary Secondary	.. .	.. .	90
St. Michael's R.C. Voluntary Secondary	.. .	.. .	168
			<hr/>
			2,563

**(b) Dental Inspection**

Dental inspections were carried out at the following schools during 1962.

		Number Inspected	Number Referred for Treatment
Fylde Lodge High School	.. .	372	97
Goyt Bank High School	.. .	358	144
Stockport High School	.. .	393	60
Stockport School	.. .	947	443
Secondary Technical School for Boys	.. .	235	114
Avondale County Secondary School	.. .	491	354
Belmont County Secondary School	.. .	445	329
Dialstone County Secondary School	.. .	577	343
Peel Moat County Secondary School	.. .	546	242
Reddish Vale County Secondary School	.. .	706	443
St. George's C.E. Voluntary Secondary	.. .	275	217
St. Michael's R.C. Voluntary Secondary	.. .	464	308
		<hr/>	<hr/>
		5,809	3,094

**(c) Follow up and Medical Treatment**

All pupils in whom defects are discovered are referred for the necessary treatment and are re-inspected each time the School Medical Officer visits the school.

**XII - MISCELLANEOUS****(a) The School Health Service and the Youth Employment Bureau****(i) SCHOOL LEAVING MEDICAL CERTIFICATES.**

A medical certificate is issued in respect of every child attaining school leaving age. These certificates are forwarded to the Youth Employment Bureau and are found to be most helpful, particularly in the case of children who are seriously handicapped by physical or mental disabilities. These children are encouraged to register under the Disabled Persons (Employment) Act, 1944.

**(ii) MEDICAL CERTIFICATES (Employment of Children in Entertainments Rules, 1933)**

No medical certificates for this purpose were issued during the year.

**(iii) EMPLOYMENT OF CHILDREN**

Street Trading and Employment of Children.- Proceedings were instituted during the year in respect of one case.

Employment of School Children - 438 medical certificates were issued during the year.

**(b) Medical Examination of Entrants to Courses of Training for Teaching and to the Teaching Profession (Ministry of Education Circular 249)**

Applicants for admission to a Teachers' Training College are invariably medically examined before entering college and applicants for teaching posts in Stockport also receive a medical examination prior to taking up their duties. However, if an applicant has, within the previous twelve months, been medically examined with satisfactory result in respect of employment as a teacher with any other Local Education Authority, then no further examination is required by this authority.

The examinations are carried out by the Medical Officers on the staff of the School Health Service. Each candidate is required to have an X-ray of the chest to exclude the presence of Tuberculosis. X-rays are carried out under arrangements made with the Stockport Chest Clinic and the Consultant Radiologist at Stepping Hill Hospital.

In this connection 60 candidates for entry into Training Colleges and 53 prospective teachers were examined during the year.

**(c) Scheme for Tuition of Children in Hospital**

On or about 22nd January, 1962, 14 children were receiving tuition in Cherry Tree Hospital and 2 children in Stepping Hill Hospital, in accordance with the

provisions of Ministry of Education Circular No. 312, dated 11th September, 1956.

(d) **School Meals Report, 1962**

During the year, an average of 55% of the school children in Stockport had school dinners. In 46 schools, these meals were prepared in a kitchen on the school site, but in 27 other schools containerized meals had to be supplied from outside the schools.

Whether or not the meal is cooked on the site, however, much thought and care are exercised to ensure the production of well-balanced and nutritious meals which are in accordance with the Ministry's standards of calorie and protein content.

Where the income of any family falls below a certain level, free school dinners are provided to ensure that no child's nutrition should suffer as a result of adverse domestic financial circumstances.

Food hygiene is included in the syllabus for trainee cooks and these workers are medically examined (including X-ray of the chest) by Medical Officers of the Local Authority prior to taking up their duties. Furthermore, the Public Health Inspectors carry out routine inspections of the premises and of the food itself. By these means, a high standard of food hygiene is achieved.



# XIII - STATISTICAL TABLES

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**MEDICAL INSPECTION RETURNS**

Year ended 31st December, 1962

**PART I****Medical Inspection of Pupils attending Maintained  
and Assisted Primary and Secondary Schools**

(Including Nursery and Special Schools)

**A - PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By year of birth) (1)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2 (3)	No.	% of Col. 2 (5)
1958 and later	269	266	98.88	3	1.12
1957	873	869	99.54	4	0.46
1956	995	986	99.09	9	0.91
1955	464	459	98.92	5	1.08
1954	941	932	99.04	9	0.96
1953	410	407	99.68	3	0.32
1952	437	436	99.77	1	0.23
1951	1,046	1,042	99.61	4	0.39
1950	554	552	99.63	2	0.37
1949	170	169	99.41	1	0.59
1948	299	298	99.66	1	0.34
1947 and earlier	2,131	2,124	99.67	7	0.33
Total	8,589	8,540	99.42	49	0.58

## MEDICAL INSPECTION RETURNS

TABLE B - PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS  
(excluding Dental Disease and Infestation with Vermin)

<i>Age groups Inspected (by year of birth)</i> (1)	<i>For defective vision (excluding squint)</i> (2)	<i>For any of the other conditions recorded in Part II</i> (3)	<i>Total individual pupils</i> (4)
1958 and later	-	31	31
1957	1	376	377
1956	1	519	483
1955	20	228	248
1954	49	396	408
1953	20	179	173
1952	15	159	174
1951	27	387	397
1950	18	144	145
1949	3	16	19
1948	14	109	123
1947 and earlier	75	559	627
<b>TOTAL</b>	<b>243</b>	<b>3,103</b>	<b>3,205</b>

**MEDICAL INSPECTION RETURNS****TABLE C - OTHER INSPECTIONS**

Number of Special Inspections . . . . .	4, 267
Number of Re-Inspections . . . . .	10, 789
<b>Total</b>	<b>15, 056</b>

**TABLE D****Infestation with Vermin**

(i) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	66, 283
(ii) Total number of individual pupils found to be infested	1, 287
(iii) Number of individual pupils in respect of whom First Informal Notices were issued . . . . .	665
(iv) Number of individual pupils in respect of whom Second Informal Notices were issued . . . . .	303
(v) Number of individual pupils in respect of whom cleansing notices were issued, (Section 54(2), Education Act, 1944)	1
(vi) Number of individual pupils in respect of whom cleansing orders were issued, (Section 54(2), Education Act, 1944)	-

## MEDICAL INSPECTION RETURNS

**PART II**  
**RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1962**

42

YEAR, 1962

**MEDICAL INSPECTION RETURNS****PART II - continued**

**RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
IN THE YEAR ENDED 31st DECEMBER, 1962**

**TABLE B - SPECIAL INSPECTIONS**

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin . . . . .	394	-
5	Eyes -		
	a. Vision . . . . .	113	3
	b. Squint . . . . .	12	1
	c. Other . . . . .	48	-
6	Ears -		
	a. Hearing . . . . .	39	-
	b. Otitis Media . . . . .	12	-
	c. Other . . . . .	17	-
7	Nose and Throat . . . . .	249	1
8	Speech . . . . .	27	-
9	Lymphatic Glands . . . . .	-	-
10	Heart . . . . .	9	-
11	Lungs . . . . .	13	1
12	Developmental -		
	a. Hernia . . . . .	-	-
	b. Other . . . . .	3	-
13	Orthopaedic -		
	a. Posture . . . . .	3	-
	b. Feet . . . . .	14	-
	c. Other . . . . .	42	-
14	Nervous system -		
	a. Epilepsy . . . . .	1	-
	b. Other . . . . .	-	-
15	Psychological -		
	a. Development . . . . .	104	-
	b. Stability . . . . .	90	-
16	Abdomen . . . . .	31	-
17	Other . . . . .	1,008	3

**PART III****TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)****TABLE A - Eye Diseases, Defective Vision and Squint**

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint .. ..	82
Errors of Refraction (including squint)	1,072
Total	<u>1,154</u>
Number of pupils for whom spectacles were prescribed .. ..	649

**TABLE B - Diseases and Defects of Ear, Nose and Throat**

	<i>Number of cases known to have been dealt with</i>
Received operative treatment ..	-
(a) for diseases of the ear ..	360
(b) for adenoids and chronic tonsillitis ..	77
(c) for other nose and throat conditions ..	254
Received other forms of treatment ..	<u>691</u>
Total	
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1962 ..	3
(b) in previous years ..	15

**TABLE C - Orthopaedic and Postural Defects**

	<i>Number of cases known to have been treated.</i>
(a) Pupils treated at clinics or out-patients departments ..	24
(b) Pupils treated at school for postural defects ..	85
Total	<u>109</u>

**PART III - continued**

**TABLE D - Diseases of the Skin (excluding uncleanliness) for which see  
Table D of Part I**

			<i>Number of cases known to have been treated</i>
Ringworm - (i) Scalp	..	..	-
(ii) Body	..	..	-
Scabies	..	..	5
Impetigo	..	..	107
Other skin diseases	..	..	381
	Total		<u>493</u>

**TABLE E - Child Guidance Treatment**

Pupils treated at Child Guidance Clinics	..	112
---	----	-----

**TABLE F - Speech Therapy**

Pupils treated by Speech Therapists	..	129
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**TABLE G - Other Treatment Given**

			<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	..		1,095
(b) Pupils who received convalescent treatment under School Health Service arrangements	..		17
(c) Pupils who received B.C.G. vaccination	..		1,153
(d) Other than (a), (b), and (c) -			
(i) Audiometric Tests	..		232
(ii) Pure Tone Sweep Audiometric Tests			2,134
(iii) Pure Tone Sweep Audiometric Re-tests	..		383
(iv) Chiropody	..		437
Total (a) to (d)			5,451

**MEDICAL INSPECTION RETURNS**  
**PART IV - DENTAL INSPECTION AND TREATMENT**  
**CARRIED OUT BY THE AUTHORITY**

(1) Number of Pupils inspected :-

(a) Periodic Age-Groups.

AGE	2	3	4	5	6	7	8	9	10	
CLEARALS	15	66	181	593	570	592	627	708	723	
DEFECTS	1	16	243	1000	1008	1083	1188	1074	1046	
TOTALS	16	82	424	1593	1578	1675	1815	1782	1769	
AGE	11	12	13	14	15	16	17	18	Total	
CLEARALS	636	610	642	655	442	206	106	49	7,421	
DEFECTS	868	856	932	924	382	91	27	17	10,756	
TOTALS	1504	1466	1574	1579	824	297	133	66	18,177	

(b) Specials 1,386

(c) TOTAL (Periodic and Specials) . . . . . 19,563

(2) Number found to require treatment      12,142

(4) Number actually treated 5,612

(5) Attendances made by pupils for treatment . . . . . 10,361

(6) Half-days devoted to :

## Inspection

Inspection	..	85
Treatment	..	971
<b>Total</b>		<b>1,056</b>

(8) Number of teeth filled	
Permanent teeth . . .	4,315
Temporary teeth . . .	2,482
Total	6,797

(7) Fillings:-

Permanent teeth	5,097
Temporary teeth .	2,727
Total	7,824

### (9) Extractions:-

Permanent teeth 1,289  
Temporary teeth 3,381

(10) Administration of general anaesthetics for extraction 851

### (11) Other operations: -

### (13) Orthodontic Work:-

Permanent teeth	1,291
Temporary teeth	652
Total	1,943

Impressions taken	60
Bands made	2
Appliances inserted	32
Inspection and	
Adjustment	208

## (12) Administration of

# Local Anaesthetics for Extraction and Conservation Work

#### (14) Prosthetic Work.

Impressions taken	157
Wax Bite	24
Try in of Wax Dentures	53
Partial dentures -	
Mothers	15
Children	34
Full dentures -	
Mothers	36

**APPENDIX A****COUNTY BOROUGH OF STOCKPORT****EDUCATION COMMITTEE****School Health Service**

Dear Parents,

Every year at school medical inspections certain children are found to need treatment and so these medical examinations are well worth while. It is felt, however, that the School Doctor perhaps does not always have sufficient opportunity to give all the time she would like to give to those children who need special attention, simply because she has so many children to see in a limited time.

You can help by filling up this form and sending it back, in the sealed envelope provided, to the Head Teacher. (If you have anything confidential to state, you need not write it on the form but just say that you wish to see the School Doctor). Then, when you have returned your form the School Doctor will decide how much time to make free to give your child appropriate attention. You will receive an appointment when he or she is to be examined. It may be, if you and the teacher and the School Doctor all feel he or she is healthy, that we shall not ask for a medical examination at all, but you may rest assured that if there were any doubts at all in our minds your child would receive a medical examination.

I should be grateful if you would co-operate in this matter so that we may do the best we can to promote child health.

Yours faithfully,

A. Moir.

Principal School Medical Officer.

THIS FORM WILL BE TREATED AS CONFIDENTIAL

APPENDIX B

PARENTS ARE ASKED TO ANSWER ALL THE QUESTIONS ON THIS FORM AND RETURN IT  
IN THE ENVELOPE PROVIDED, SEALED, TO THE HEAD TEACHER  
BY THE.....

Child's surname..... Date of Birth.....

Child's christian name (s).....

Home address.....

Previous schools attended.....

Child's family doctor.....

(If the answer to a question is NO put a circle round the NO.

If the answer to a question is YES put a circle round the YES.

If you do not know, put a circle round D.K.).

Has your child been vaccinated against smallpox ... Yes No D.K.

Has your child been immunised against Diphtheria ... Yes No D.K.

Has your child been immunised against Whooping Cough ... Yes No D.K.

Has your child been immunised against Polio ... Yes No D.K.

Has your child had B.C.G. vaccination against T.B. ... Yes No D.K.

If 'yes' is he still attending for regular tests and x-rays Yes No D.K.

Names and dates of birth of brothers and sisters

Name

Date of Birth

Name

Date of Birth

Has your child ever had -

Rheumatism or pains in the joints	...	Yes	No
Asthma	...	Yes	No
A running ear	...	Yes	No
A fit or convulsion	...	Yes	No
Whooping Cough	...	Yes	No
Measles	...	Yes	No
Scarlet Fever	...	Yes	No
Mumps	...	Yes	No
Chicken - pox	...	Yes	No
German Measles	...	Yes	No
Tuberculosis	...	Yes	No
Polio	...	Yes	No
Jaundice	...	Yes	No

What other serious illness, injury, or operation such as tonsils or adenoids, has he had

.....  
.....  
.....

Does he have any skin trouble	...	Yes	No
Does he have any eye trouble	...	Yes	No
Is his hearing good	...	Yes	No
Does he get frequent sore throats	...	Yes	No
Does a cold always go to his chest	...	Yes	No
Does he suffer from stomach upsets	...	Yes	No
Is his appetite poor	...	Yes	No
Has he any hernia or rupture	...	Yes	No
Does he have any foot trouble	...	Yes	No
Does he have any trouble with his walking		Yes	No
Does he speak plainly	...	Yes	No
Does he sometimes wet his bed	...	Yes	No
Do you think he is a nervous child	...	Yes	No
Does his behaviour worry you in any way		Yes	No
Are you worried about his progress at school		Yes	No

If there is any matter which you would like to discuss with the School Doctor, please give it below.

Have any of the following died.

(Please put a ring round any that have died)

Mother              Father              Brother              Sister

Has any relative (mother, father, brother, sister, uncle, aunt or grandparent) of the child ever suffered from -

(If yes, give relationship to the child)

Asthma	...	Yes	No	.....
Eczema	...	Yes	No	.....
Tuberculosis	...	Yes	No	.....
Diabetes	...	Yes	No	.....
Fits or Convulsions		Yes	No	.....

### **Father's occupation . . .**

Mother's occupation . . . . .

(Relationship to child of persons completing this form  
i.e. mother, father, grandmother, etc.).

Signed. . . . . Date. . . . .